

Division of Behavioral Health Services

Bureau of Compliance

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TO: RBHA and TRBHA CEOs, Medical Directors and Clinical Leadership

FROM: Dan Wendt
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SUBJECT: POLICY CLARIFICATION: Access to Out-Of-Network Providers

DATE: February 28, 2006

This memorandum is intended to clarify the responsibilities of Tribal and Regional Behavioral Health Authorities (T/RBHAs) in meeting the Arizona Department of Health Services/Division of Behavioral Health Services (ADHS/DBHS) policy requirements regarding providing access to providers out of the T/RBHA's network for behavioral health recipients.

The Balanced Budget Act (BBA), signed into law on August 5, 1997, amended the Code of Federal Regulations with substantial changes to the structure of the Medicaid program. Among other provisions, it established new beneficiary protections in the form of added criteria for maintaining adequate network capacity and providing access to services. With these changes, many states are struggling to interpret the BBA requirement regarding provider choice in light of the increasing number of Medicaid enrollees requesting access to out-of-network providers.

Between July of 2004 and September of 2005, ADHS/DBHS' Office of Consumer Rights received thirteen appeals regarding behavioral health recipients seeking services from providers out of his/her Regional Behavioral Health Authority's network of providers.

The Department has determined that T/RBHAs are required to pay for out-of-network services only if the service is not available through a provider in the T/RBHAs' network. T/RBHAs may, at their discretion, authorize and pay for out-of-network services as the T/RBHA determines appropriate.